



# South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

*Reapprove!*

Nurse Aide

## Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Good Samaritan Society - Tyndall  
Address: 2304 Laurel Street  
Tyndall, SD. 57066  
Phone Number: 605-589-3350 Fax Number: 605-589-4000  
E-mail Addresses of Primary Coordinator and/or Instructor: dwilli28@good-sam.com

- ☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)  
☒ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Debra Williams</u>	<u>SD</u>	<u>R041767</u>	<u>07/18/2015</u>	<u>[Signature]</u>

- ☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)  
☒ Attach curriculum vita, resume, or work history,  
☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Debra Williams</u>	<u>SD</u>	<u>R041767</u>	<u>07/18/2015</u>	<u>[Signature]</u>

- ☐ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)  
☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

Program Coordinator Signature: Debra Williams, RN Date: 07/08/2014

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>7/8/14</u>	Date Application Denied: <u> </u>
Date Approved: <u>7/16/14</u>	Reason for Denial: <u> </u>
Expiration Date of Approval: <u>July 2016</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>7/16/14</u>	

*AKCA 979*

Good Samaritan Society – Tyndall  
2304 Laurel Street  
Tyndall, SD. 57066-2214

## References

Boschert, J., Casey-Mederios, M. & Masucci, K. (2011). How to Be a Nurse Assistant: Integrating excellence in training with quality care, 5<sup>th</sup> Ed. Washington: American Health Care Association.

Casey-Mederios, M. & Masucci, K. (2011). How to Be a Nurse Assistant: Integrating excellence in training with quality care. Washington: American Health Care Association. \*

Boschert, J., Casey-Mederios, M. & Masucci, K. (2011). How to Be a Nurse Assistant: Integrating excellence in training with quality care, 5<sup>th</sup> Ed. Workbook. Washington: American Health Care Association.

The CNA Training Solution: Caregiver's workbook (2004). Marblehead: HCPRO, Inc.

*CNA Training Materials used*